

OS Department of Labor
Office of Labor Management
Standards
Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30-2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25763	2 Fiscal Year Covered From		
	1 / 1 / 2005 Through 12 / 31 / 2005		
3 Name and address of person filing	4 Name file number and address of labor organization		
Name Kevin J King	Name United Transportation Union		
	Labor Organization File Number 000 314		
PO Box Bidg Room No If any	P O Box Building and Room Number if any		
Street 6323 Elderwood Ct	Street 14600 Detroit Avenue		
City Oak Forest	City Cleveland		
State Illinois ZIP Code + 4 60452	State Illinois ZIP Code + 4 44107		
5 Position in labor organization Gen Chairman/Delegate Local 653			
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent			
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income		
Name [
Trade Name If any	~		
PO Box Bldg Room No If any	7		
FO BOX BIRD ROUTH NO II ally	7 b Amount		
Street			
City			
State ZIP Code + 4			
Signature			
15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions.)			
Signed ## 312346-9509 Telephone Number			
Form LM-30 (2009)	Page 1 of 3		

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Name of Person Filing Kevin King	File Number U			
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
Name and address of Business (including trade name if any)	9 Business deals with			
Name 5				
Trade Name if any	a Labor Organization b Trust			
PO Box Bldg Room No If any	c Employer			
Street	-			
Crty				
State ZIP Code + 4				
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing			
Name		and the state of t		
Trade Name if any	-			
PO Box Bldg Room No If any	J	* *		
Street				
	11 b Approximate dollar value of such dealing			
City	12 a Nature of interest held or income received			
State ZIP Code + 4		native description of the state		
		i		
		Secretaria de la composição de la compos		
	12 b Amount			
C Received from any employer (other than an employer covered unde	er parts A and B above)			
or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value			
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	er parts A and B above) or other thing of value 14 a Nature of payment \$21 Meal			
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Name o	of Person	Filma	Kevın	Vana
HOME	VI L C19011	conig	kevin	King

Ede	Number	
LIFE	Number	•

Part C Continuation Page

C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
Name Hoey & Farina P C	\$26 Meal \$27 Meal \$24 Meal			
Trade Name If any	\$17 Meal \$35 Meal			
PO Box Bldg Room No If any Suite 200	\$19 Meal \$29 Meal \$15 Meal			
Street 542 S Dearborn Suite 200	\$220 Tickets			
City Chicago	7			
State Illinois ZIP Code + 4 60605				
13 b Is the Business an Employer or Consultant?	14 b Amount of payment. \$829			
C Received from any employer (other than an employer covered under parts A payment of money or other thing of value	and B above) or from any labor relations consultant to an employer any			
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment.			
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13 b Is the Business an Employer or Consultant 2	14 b Amount of payment			
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any opayment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
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Trade Name if any				
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City	**			
State ZIP Code + 4				
13 b Is the Business an Employer or Consultant ?	14 b Amount of payment.			